Name and address of requesting egency)

TO PERSONAL TRANSPORT

Berlin Document Center, U.S. Mission Berlin APO 742, U.S. Forces Date: 20.6.60: Ta

It is requested that your records on the following named person be checked:

Name: DORRE Guster
Place of birth:
Date of birth:

Occupation: Present address:

Other information:

| The control of the requested information will be supplied at cost to this organization, and that payment will be made when billing is received.

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(Telephone No.)

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(This space will be filled in by the Berlin Document Center)

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I. NSDAP Mester File	7•	SA		13. NSLehrerbund	
2 Applications	<b>8.</b>	OPG		14. NS-Aerztebund	
3. PKK		RWZ		15. Party Census	
4 .SS Officers		EWZ		16.	
5. RUSHA		Kulturkammer		17.	
6. Other SS Records	12	Volk sperichtsho	f	18.	

For explanation of obbreviations and terms, see other side.

Negative in all sections except NSDAP Master file.

This file contains about 12 file cards with the above name. It does not seem that the requested person can be identified with one of these.

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JUH. 20. 1960

rm AE/GER-205 (Date Request Received)
(Jan 59)

(Date Answer Transmitted)